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A Case Study on the Functional Role of a Rehabilitation Centre for Divyangjan in Patna

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ARYABHATTA KNOWLEDGE UNIVERSITY

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RESEARCH PROPOSAL

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INTRODUCTION

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India sees a significant change as the Department of Empowerment of Persons with Disabilities is now known as 'Divyangjan' Sashaktikaran Vibhag in Hindi, dropping the word 'viklangjan' from its previous nomenclature. This change had come into effect after Prime Minister Narendra Modi during his radio address 'Mann Ki Baat' on December 27, 2015, had said physically challenged people to have a "divine ability" and the term "divyang" should be used in place of "viklang" for them. This change was called for by amending the previous state of the Government of India (Allocation of Business) Rules, 1961. The department, which works under the Ministry of Social Justice and Empowerment, facilitates the empowerment of persons with disabilities. As per the 2011 census, the differently abled constitute 2.21% of the total population of the country.

The United Nations Convention on People with Disabilities has precisely given a broader definition that entails all forms of disabilities as; "those who have physical, intellectual, or sensory impairments which in interaction with various barriers, may hinder their full and effective participation in society with others'' (United Nations 2006).

It is also worth noting that disability as a whole phenomenon is still widely debated, various agencies to include the United Nations, the European Union, civil societies, as well as human rights activist agencies to break the social economic and political barriers between them and the performing society. Therefore, I have deemed it essential to choose this topic for further research. Physical disability, as a result, limits the capability of that particular individual to function as expected. This can generally become known in the mobility or immobility of the individual, which can affect the person's ability to effectively carry out his or her day to day activities.

Disability is a term used as a multi-definition that is associated with people who have mentally, physically, and intellectually challenged. Disability has also been classified into biomedical and social modes. About biomedical modes, it means a disability that accredited to medical challenges, and social modes refer to disability that is associated with social challenges. Literary disability can be defined as ''a fixed condition of pre-set illnesses which cannot be changed.'' (Smith, 2009).

Disability is generally equated with incapacity. There is a widespread underestimation of the abilities and potential of divyangjan due to general public perception and prejudices, thereby creating a vicious cycle of underachievement. Because of the impact of societal attitudes on life experiences, opportunities, and help-seeking behavior of divyangjans, negative attitudes toward disability could be viewed as invisible barriers to successful rehabilitation. Divyangjan in India face many challenges when looking to develop employable skills and in gaining meaningful employment. Divyangjan also needs the right tools, validated training, and a healthy work environment. The resolution of these problems is challenging and requires imaginative and multifaceted actions; both access and outcome are possible by an individualized approach to meet their vocational training needs.

Improving psychosocial and vocational rehabilitation opportunities for divyangjan is a critical element for enhancing the quality of life for individual with a disability, their families; besides it also implies substantial gains for the broader economy. Phenomenological and associated approaches have been being applied to single cases or to serendipitous or deliberately selected samples to discuss relevant issues and challenges related to psychosocial and vocational rehabilitation of employed divyangjan at the workplace.

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REVIEW OF RELATED LITERATURE

FOREIGN LITERATURE

Zimba (2015) in his study concluded that the needs of disabled people are just like the same as the people of normal health. The same sickness which an ordinary person gets effected like cancer, immunization these disabled people also get affected.

Menon (2012) in his research provides evidence of state-wide disparities in the economic well-being of people with disabilities, in particular, households with individuals with disabilities have up to 14 percent lower average monthly per-person spending as compared to families with able members.

Kodali et al. (2011) conducted a study that showed the prevalence of disability in rural India is 22.5 per 1000 population. Significant disability is Hearing and Speech impairment followed by locomotor disability, visual impairment, mental retardation, and less is multi disabilities. The negative attitudes of the parents were taken into account.

Emmett et al. (2006) studied that in general, women with disabilities are more discriminated against and disadvantaged than men with disabilities. Women with disabilities are also at greater risk of physical, mental, and sexual abuse, and because of stigmatization have lower marriage prospects. The study emphasizes the need to approach disability as an integral part of development rather than as a separate need competing with other causes and manifestations of poverty.

Adamson et al. (2004) showed in his study that it is widely stated that stroke is the most common cause of severe disability. They aimed to examine whether this claim is supported by any evidence. Methods: they conducted a secondary analysis of the Office of the National Statistics 1996 Survey of Disability, United Kingdom. The outcome used was the Office of Population Censuses and Surveys severity scale for disability.

Yeo et al. (2003) argue that the exclusion of disabled people from international development organizations and research reflects and reinforces the disproportionately high representation of disabled people among the poorest of the poor. The paper commences with a brief exploration of the links between impairment, disability, poverty, and chronic poverty, followed by a discussion of ways in which disability is excluded from development policy.

Emily et al. (2002) demonstrated culturally appropriate form independent group living to have a beneficial impact on the women's levels of sociability and their confidence to venture out in public or to social functions. All of the women who resided in the group house felt accepted, sociable, and confident to venture. Together, confidence in their abilities was strengthened, and they could carry out their business with mutual support.

Bagilhole (1997) in his study came out with an opinion that the minimal stance taken by the Government of the United Kingdom may encourage the employers to sideline the aspirations and achievements of women with disabilities regarding qualifications and employment.

Helandar (1995) found out in his study that in many developing countries, particularly lower-income countries, publicly funded programs, and even those funded largely by employers, are not an option for those outside the formal labor market. Disabled people in agrarian societies and urban dwellers in the informal sector have to rely on themselves or be financially dependent on their families and communities. Services provided by volunteer organizations tend to be small single sector projects, e.g. support to a school for blind children.

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Mattson's (1994) study on Disabled student's experience of dependence and autonomy in integrated/segregated environments revealed that students with motor handicaps, their choice of upper secondary school, and how they looked upon their educational and social situation in school. The studies were accomplished by questionnaires and interviews and were made as a comparison of disabled and control students. The study claimed that students with disabilities were subjected to a sort of passivity from the global environment.

Murt et al (1980) conducted a study on disability, utilization, and costs associated with musculoskeletal conditions in the United States, in which it was observed that musculoskeletal problems accounted for a total of 3.9 billion in lost productivity costs for employed persons in the workforce and for homemakers and thus posed a significant economic burden.

INDIAN LITERATURE

Govindarajan et al. (2012) studied Locomotor disability in Rural population in Tamil Nadu. The study found that the locomotor disability was 129 out of 6550 population in the sub-center, which was around 1-9 percent. The study showed that the locomotor disability was more as the age advances. The locomotor disability among males was 22/1000, and females were 16/1000. The causes of locomotor disability were due to acquired causes (78.3%) and congenital causes (21.7%). Nearly 58% of persons with a locomotor disability were without any occupation, and 20% were without any occupation, and 20% were doing unskilled labour.54% reported the absence of any source of income. 53% of the persons were married, and nearly 35% of the persons were widow and widower.

Padhyegurjar et al. (2011) conducted a study of Locomotor Disabilities in an urban slum area of Mumbai which has focused attention on locomotor disabilities in an urban slum area of Mumbai. The overall prevalence of locomotor disabilities is 5.59% showing gradual increase as age advances. This study indicates a significantly high prevalence among females. Thus this health issue needs to be focused on primarily the various health programmes for the females.

Agrawal et al. (2009) observed better socio-economic status is closely associated with higher utilization of health care services among older persons. Patel SK states that the treatment-seeking behaviour of disabled persons depends not only on socioeconomic factors but also on cultural factors, area of residence, literacy status, and sex.

Audinarayana et al. (2002) examined the prevalence of physical disabilities, their differentials, and determinants based on the data collected from 750 old persons (aged 60+ years) selected from nine rural (450) and six urban (300) clusters of Tamil Nadu State, India. The findings of the study reveal that half of the elderly population in the study area is suffering from one of the other forms of physical disability.

Egan and Warrant (1992) have conducted a study of the activities of daily living of the patients who were in bed after hip fracture. Thirteen men and forty-eight women, ranging between the age group of 65 to 92 years, were studied. These patients were subjected to Activities of Daily Living assessments during three days before discharge. The same was repeated after three weeks of discharge. The concordance between pre discharge and post-discharge activities of daily life scores was low but statistically significant. Thirty-one patients demonstrated greater dependence after discharge, and fourteen patients demonstrated less dependence. The performance of more dependent activities of daily living (ADL) at home was not related to role loss or depression.

6/11/2014

RESEARCH OBJECTIVES

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i. To study the historical background of Asha Deep Rehabilitation Center for Divyangjan to date.
ii. To study the mission and vision of Asha Deep Rehabilitation Center for Divyangjan.
iii. To study the prevalent activities of Asha Deep Rehabilitation Center for Divyangjan :-
    i. Curriculum
    ii. Co-Curricular Activities
    iii. Life Skills Training
    iv. Vocational Training
    v. Institutional Procedure
iv. To evaluate and asses the activities of Asha Deep Rehabilitation Center for Divyangjan.
v. To assess the attitude of parents whose children are studying in Asha Deep Rehabilitation Center for Divyangjan towards the Rehabilitation Center for Divyangjan.
vi. To analyse the enrollment and retention of students of Asha Deep Rehabilitation Center for Divyangjan.
vii. To draw a geographical territory of beneficiaries in their socio-economical, caste, religion of Asha Deep Rehabilitation Center for Divyangjan.
viii. To study departmental programmes and activities organized by
    i. Hearing Impairment Department
    ii. Mental Retardation Department
    iii. Deaf-Blindness Department
ix. To assess the Medical Facilities in Asha Deep Rehabilitation Center for Divyangjan according to their disabilities.
x. To understand the infrastructure of Asha Deep Rehabilitation Center for Divyangjan that is helpful for the student studying.
xi. To assess the financial condition of Asha Deep Rehabilitation Center for Divyangjan.
xii. To study the contribution of Asha Deep Rehabilitation Center for Divyangjan to create inclusion in the society.
xiii. To study the learning outcomes of the children studying in Asha Deep Rehabilitation Center for Divyangjan based on gender, socio-economical status, and parental education.
xiv. To draw the future undertakings of Asha Deep Rehabilitation Center for Divyangjan.

SIGNIFICANCE OF THE STUDY

PM Narendra Modi suggested the use of 'divyang' for persons with disabilities in his 'Mann ki Baat.' on the 27th of December 2015. The concept of changing the name form handicap to divyang has brought new thinking within the people of the country. Disability status was not canvassed in India's census from 1941 to 1971.

This study will mainly focus on the historical background, mission and vision, prevalent activities, the attitude of parents, the enrolment and retention of students, draw a geographical territory of beneficiaries in their social, caste, religion, departmental programmes and activities of different departments, asses the Medical Facilities, understand the infrastructure, the financial condition, the contribution, the learning outcomes of the children based on gender, socio-economical status and parental education and to know the future undertakings of Asha Deep Rehabilitation Center for divyangjan. This study will influence the policymakers and government body to design such policies for the divyangjan so that they too are brought into the mainstreams in education in order that Divyangjan is also part of inclusive education.

6/11/2019

STATEMENT OF THE PROBLEM

A Case Study on the Functional Role of a Rehabilitation Centre for Divyangjan in Patna

METHODOLOGY

A case study is a research strategy and an empirical inquiry that investigates a phenomenon within its real-life context. Case studies are based on an in-depth investigation of a single individual, group, or event to explore the causes of underlying principles.

The methods that are going to be used in this study are questionnaires, interviews and documentary analysis. The researcher will use open-ended questionnaires. This instrument was considered appropriate because by establishing a report with the principals, the researcher will be able to obtain in-depth data that would not have been effectively done with questionnaires.

RESEARCH DELIMITATIONS

This research is conducted in Asha Deep Rehabilitation Centre for Divyangjan, Dighaghat, Patna where students with Hearing Impairment, Mental Retardation and Deaf-Blindness are studying. the information collected in the form of data is mainly within the framework of the institution.

CHAPTERISATION

Chapter I: Introduction

Chapter II: Significance of the Study

Chapter III: Disability from Multi Perspectives

Chapter IV: Review of Related Literature

Chapter V: Research Methodology

Chapter VI: Data Analysis

Chapter VII: Findings, Conclusions, Recommendations, and Suggestions

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TIME BUDGETING

The investigator has proposed the following breakup of the schedule for the completion of the research work.

Collection of Literature Review	5 months
Construction and validation of tools	5 months
Collection of data	5 months
Data analysis	5 months
Chapter writing	3 months
Typing and binding	4 months
Editing and revising	3 months
TOTAL	**30 MONTHS**

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Signature of the Supervisor 6/11/2019

Signature of the Research Scholar 6/11/2019